

09 FEB 2003

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549638

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | |
| 2 | / | | / | | | |
| 3 | | 2 | | / | | |
| 4 | | 0 | | / | | |
| 5 | | 0 | | / | | |
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| 7 | | 0 | | / | | |
| 8 | | 0 | | / | | |
| 9 | | 0 | | / | | |
| 10 | | 0 | | / | | |
| 11 | | 0 | | / | | |
| 12 | | 0 | | / | | |
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| 14 | | 0 | | / | | |
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| 34 | | 0 | | / | | |
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| TOTAL IND. | 4 | | 5 | | | |
| TOTAL DEP. | 34 | | 31 | | | |
| TOTAL CLAIMS | 38 | | 36 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |